Appendix 1 – Annual Plan Updates

East of England Community Health and Care NHS Trust

Annual Plan 2026-27

Progress Update – July 2026

Delivering great health and care services in our local communities

Contents

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Delivering great health and care services in our local communities

Summary

East of England Community Health and Care NHS Trust

This update considers progress to June 2026 against the Trust's Annual Plan for 2026-27.

Delivery of the Annual Plan supports the delivery of year 1 of our *Clinical and Care Strategy* and our 4 strategic priorities where we will ensure we *put people in control of their care; value our colleagues; work in partnerships and innovate and transform our organisation.*

In the following pages you will find our key operational and enabling services' review of progress on their commitments for 2026-27, each of which has been RAG (Red, Amber, Green) rated when considering whether the full year commitment will be met. The following ratings have been used:

- On Track
- Progress delayed, no material impact on plan
- Action not completed, mitigations and or re scheduling being developed
- Action Completed
- No Action Planned for this period

In addition, operational services have provided a brief highlight of activity, actions and any changes in priorities arising in the period.

Based upon this review, the Trust's progress against its Annual Plan is **Reasonable**

Our Services

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- Trust wide Children and Young People Services
- Bedfordshire and Luton Adults Ambulatory:
    - Dental
    - iCaSH
    - Now MSK / Dynamic Health
- Norfolk Adults

Delivering great health and care services in our local communities

Trustwide Children and Young People (CYP) Services – Annual plan commitments in 2026/27

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Strategic Priority	26-27 Commitment	Q1 RAG	Progress Update
Putting People in control of their care	Children and families will have access to a patient portal enabling easier access to support.		Trust developing a portal in our Dynamic Health Services, no date yet agreed for a portal in CYP services. Priority areas in CYP are being considered.
	We will expand the Mental Health Support Teams, making it easier and more equitable for children and young people to get help in school.		Plans developing and on track to implement Wave 8 in January 2027.
	We will expand the use of Patient Reported Outcome Measures (PROMs) and tailor care by acting on feedback from children and young people.		On Track. A review of CYP areas using PROMs has commenced. Plans are being developed to increase the use in one further service.
	We will review and improve our approach to 'waiting well' across CYP Services.		Continuing review of waiting well offers, which will be further enhanced through the Experts at Hand programme. Currently working with our Audit team to develop baseline.
Valuing Our Colleagues	Our staff lead and develop new wellbeing initiatives.		2025 Staff Survey Action Plans in place. Staff encouraged to attend Staff Wellbeing Festival. Staff wellbeing forums have been established.
	We will plan a Children & Young People's Services conference to recognise and celebrate our accomplishments and progress.		Planning in process for Conference date in Quarter 4.
Innovating and transforming our organisation	We will reduce the number of longest waiters, delivering the Neurodevelopmental Service (NDS) waiting list recovery programme.		**Phase 2** started in April 26, with plans to reduce waits to <18 weeks by March 2028. On track, with a recovery steering group in place and regular reporting to our exec. Planning for **Phase 3** – the delivery of a safe and sustainable model is underway and on track.
	We will maximise capabilities of the Federated Data Platform (FDP).		In place in Bedfordshire and Luton in the form of a waiting list management tool and benefits being seen. Next step is to agree a timeline for roll out in Cambridgeshire and Norfolk.
	AI and other digital solutions will reduce clinical administration.		High level digital requirements identified across 6 domains: data capture and input quality; information management and usability; clinical decision support; workflow, coordination and continuity; visibility, communication and transparency; and equity, experience and access. Ambient Voice Technology being implemented in some services.

Trustwide CYP – Annual plan commitments in 2026/27

East of England Community Health and Care NHS Trust

Strategic Priority	26-27 Commitment	Q1 RAG	Progress Update
Innovating and transforming our organisation	We will transform the Children in Care offer so that children are seen in a timely way with prioritisation considered.		Initial Health Assessment (IHA) performance across CYP services has improved, however sustainable improvement is yet to be achieved. On track to improve further.
	We will develop a regional centre of excellence for neurodisability		Have agreed a formal partnership arrangement with Cambridge University Hospital (CUH). Currently in scoping and design phase across East of England.
	We will align our Healthy Child Partnership services with the updated guidance.		Agreed consistent Trust-wide assurance metrics for mandated contact performance. On track to improve Antenatal Contact performance.
Working in Partnership	We will implement recommendations stated within the Special Educational Needs and Disabilities (SEND) Reforms due in 2026		Plans developed across all geographies to implement Expert at Hands, awaiting funding decisions which are due mid-August.
	We will develop a multi-agency neighbourhood working model focused on prevention and addressing inequalities.		Local system discussions have commenced in our CYP geographies. We are actively considering how neighbourhood working aligns with other CYP strategies and neighbourhood work focused on frailty.
	We will develop a Needs Identification Tool as an enabler of the shift to needs-led practice.		Developing and on track in Norfolk. Next steps to agree roll out plan and links to the Federated Data Platform (FDP).
	We will bring all services within respective budgets, looking at opportunities for enabling efficiency and quality improvement through integration		Agreed 26/27 budgets and work is on track to match expenditure to contract value. Further work required to confirm Cost Improvement Programmes.
	Scope further opportunities to fully optimise our estate		Scoping complete in some areas and in progress in others. Plan for rationalising on track for completion in Q3.

Luton & Bedfordshire Adults

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Improvement Focus	26-27 Commitment	Q1 RAG	Progress Update
Putting People in control of their care	Self-check-in will be available at all our clinic sites		Self check in in place and working for phlebotomy – need to combine SystmOne units to allow self check in across all services – work underway to achieve this
	Explore delegation of care to carers where appropriate e.g. through use of wound care app and insulin administration		Work ongoing to explore insulin delegation – planned work with Herts community trust to share best practice in insulin management
	We will take a lead role working with system partners to establish a 7-day week Unscheduled Care Hub (UCCH) and a fully established Virtual Ward in North Bedfordshire		We are leading on this work – UCCH fully established with 7 day working. Best stack performance in region. Virtual ward expansion currently limited by finances – business cases have been submitted to Commissioners.
	Luton services will be contactable through a Single Point of Contact (SPOC)		This work has been superseded by a desire to have a single Beds and Luton wide SPOC. Work currently underway with East London Foundation Trust (ELFT) to develop this
	Patient participation will be developed to ensure we hear from housebound patients		Patient reference group set up and trying to recruit more housebound patients
Valuing Our Colleagues	Reflect feedback from staff surveys e.g. staff physio service, appraisal processes		Staff physio service in place. Strong focus placed on objective setting and objective flow through to appraisal to make more meaningful
Innovating and transforming our organisation	Caseload management will be supported by improved data reporting and failsafe reports		Failsafe report in place for one service, needs to be developed for other services
	We will take a lead role in the establishment of Neighbourhood working within the Luton system. Configuring our own teams accordingly		We are taking a lead and two neighbourhoods are progressing well
	We will embed auto-scheduling within phlebotomy services		On track for delivery in Q2
	Roll-out Brigid app to allow mobile SystmOne usage		Trial with 3 I-pads has been successful and now ready for wider roll out

Dental

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Improvement Focus	26-27 Commitment	Q1 RAG	Progress Update
Putting People in control of their care	Create access to appointments, self-help and support through digital channels.		Website updated to provide self help options for urgent care. We are developing our current advice in partnership with our Working Together Group and longer term potentially via the Digital Front Door (realistically this work won't commence until Q1 2027/28)
	Expand Minor Oral Surgery (MOS) service offering to include Intravenous (IV) sedation.		The team are ready, however, we are dependent on formal tender by the respective Commissioners.
	In partnership with the system develop child friendly solutions to reduce dental anxiety in children.		We continue to raise at formal contract meetings. No progress to date.
Valuing Our Colleagues	Redesign workforce to provide sustainability, career development and succession planning.		Training posts in place for the 26/27 Foundation and Joint Foundation Dental (FD) training programmes Career development options circulated via Dental Dispatch Existing training posts have resulted in one staff member being retained in the service. Posts identified as cost improvement in 2024-25 have now been re-established (1.0 Band 5 admin and 0.4 B7 Therapist)
Innovating and transforming our organisation	Deliver operational performance standards across all services and eliminate long waiters in line with National Operational Plan targets.		Special Care Dentistry Cambridge & Peterborough (C&P) – we are working within current available funding to offer additional General Anaesthetic (GA) sessions. We are unable able to deliver performance standards without proposed additional funding. Additional funding request has been made to our commissioner.
	Develop/deliver detailed plan for automation/ robotics / AI support to service delivery.		Robotic solution for Special Care and Minor Oral Surgery mobilised AI in place to aid with clinical notetaking

iCaSH (integrated Contraception and Sexual Health Services)

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Improvement Focus	26-27 Commitment	Q1 RAG	Progress Update
Putting People in control of their care	Use digital innovation to improve access to appointments, self-help and support through digital channels		On track: Launch of patient request forms on clinical system. PrEP+ online pathway live Co-producing Outreach and Prevention work in Norfolk: Website and eC-Card design Preventative model of care delivery in place
	Expand group and video consultations for appropriate service elements e.g.coil pre-assessment		On track - due to roll out as planned service wide September/October 2026
Valuing Our Colleagues	Deliver workforce redesign to provide sustainability, career development and succession planning taking new contract requirements into account where appropriate		On track – continuous cycle On track and live (iCaSH stars and QI approach to 2025 staff survey results)
	Develop Advanced Care Practitioner (ACP) role		Part of succession planning
Innovating and transforming our organisation	Develop new pathways and service offerings to support the National HIV Target for Zero Transmission		Prevention and improved health outcomes ○ PrEP+ (HIV PrEP and DoxyPEP) live ○ Increased vaccination programmes are live ○ Explore implementing clinical presence in outreach settings ○ Co-produced outreach work ○ Increased Express Test caps
	Review estate requirements and agree plans to maximise patient benefit and cost effectiveness		Norwich clinic has relocated Options appraisals for other lease hold sites are being reviewed
	Deliver new Norfolk requirements including C-Card app and website and identify opportunities for replication across other areas		Norfolk website co-production, development and build ongoing Norfolk E C-Card build planned in Q2

NoW MSK/Dynamic Health

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Improvement Focus	26-27 Commitment	Q1 RAG	Progress Update
Putting People in control of their care	Conduct a feasibility assessment and pilot the installation of digital self-service check-in kiosks or mobile check-in systems across hubs		Completed. Three self service check in screen on order. To be installed during Q2 at Thetford, Dereham and Norwich Community Hospital.
	Using digital innovation widen and deliver consistent access to appointments, self-help and support.		
	Establish a robust, insight-driven patient feedback system		Progressing at pace. Friends and Family (FFT) links now in place across Norfolk services. Phase 2 to transfer FFT management from East Coast Community Health (ECCH) to EEC during Q2.
	Implementation of Lower Back Pain AI Pathway in Norfolk		On track, launched self-referral pathway in May (ahead of schedule). Legacy waiting list now being worked through to offer patients access to lower back pain pathway
Valuing Our Colleagues	Establish a Clinical and Professional Forum to Drive Quality and Innovation to Embed a System-Wide culture of shared learning and continuous improvement		Completed – Integrated Clinical Advisory Group for services across the Trust and East Coast Community Health in place
Innovating and transforming our organisation	Deliver standardisation across service pathways and geographies, integrating with neighbourhoods, to deliver improved access and waiting times .		On going.
	Roll out AI/digital alternatives to face-to-face appointments.		On track – Scoping exercise beginning as planned in Q1. with proposals and recommendations in Q3 and roll out embedded by Q4
	Review estate requirements and agree plans to maximise patient benefit and cost effectiveness including clinical hubs		In progress. Requirements submitted. Currently under review by Estate team with other service requirements/for prioritisation

Norfolk Adults - Putting People in control of their care

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Commitment	Action	Time frame	RAG	Update
We will enable direct digital booking/amendment for community services with real-time appointment visibility, wait-time transparency and automated reschedule notifications.	Pilot/test use of Communications Annexe with subsequent full implementation	Q1-2		Initial meeting to scope comms annexe for community services held. Opportunity for messaging and email notifications to patients and clinic appointment booking. Awaiting confirmation of project prioritisation against efficiency programme to update timeline and roadmap.
We will use patient feedback and co-production to prioritise service redesign	Engage patient experience team to agree approach to co-production through transformation board	Q1-4		Patient experience team members of Norfolk Adults Improvement &Transformation Board (NAI&TB). Planning for co-production group for skin integrity, pressure ulcer and equipment leaflets and education commenced. Early engagement with team for transformation co-production opportunities.
We will develop and increase direct-to-service pathways to improve access and experience and reduce delays	Complete diagnostic of Single point of Contact (SPOC) referral process	Q1		SPOC diagnostics and rapid improvement work completed April 2026. Findings informing integrated neighbourhood care transformation.
	Implement electronic referral system for all community services	Q1-2		SystmOne blueprint meeting held June. Directory of services and e-referral service (ERS) design in progress ready for submission to ICB in July. Implementation will be dependent on ICB response times. Meeting scheduled in July for patient portal/ SystmConnect scoping.
	Identification of automation and digitalisation opportunities of admin services	Q1-4		Engagement sessions held in June. Ongoing review of digital and automation opportunities throughout transformation.
	Scope and agree front door model for community services	Q1-4		Engagement sessions held in June. Target operating model being drafted and due September. Further deep dive work to be complete during Q3 to enable options design.

Norfolk Adults - Putting People in control of their care

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Commitment	Action	Time frame	RAG	Update
We will develop and increase direct-to-service pathways to improve access and experience and reduce delays	Streamline our inward referral and triage processes for palliative patients	Q1-4		Problem solving session held in June. Palliative services under review by Commissioners. Programme board continuing. Internal referral process being reviewed in Q2-3
We will develop and implement population level needs identification via Eclipse or other population health management approaches	Expand and codify the use of Eclipse data to proactively identify high risk and need cohorts and proactively engage	Q1-3		West Place board actively using Eclipse as a system and sharing learning with other Places. Linked into digital service review of population health tools.
	All places to implement use of Population Health Management (PHM) data and insights into planning and delivery of services	Q1-3		Delayed commencement due to availability of Eclipse and ability to overlay with our data. Further training and awareness needed with Place leadership teams.
We will clearly define our service offer, making it easy to understand and navigate	Develop new Trust website pages for Norfolk Adults with clear information	Q1-2		Comms teaming leading new trust website, action completed. Weekly attendance at leadership meeting by comms team to ensure clear communication and updates are provided on website, intranet and messaging. Now forming Business as usual.
	Develop and provide place based quarterly updates to local partners on service provision and updates	Q1-2		In progress across Places. Different approaches being used to meet system partner needs eg newsletter, face to face meetings, teams meetings

Norfolk Adults - Valuing our colleagues

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Commitment	Action	Time frame	RAG	Update
We will embed a culture of inclusiveness and make sure that this is a place where our people feel valued and want to work.	Achieve 92%+ appraisal compliance (exclusions defined) with Personal Development Plans (PDPs) and protected learning time; trajectory to 100%.	Q1-4		May compliance rate at 86.1%. Current lack of confidence in the ability to meet this commitment within year. Following review of last year's data, target will be reduced to 90%.
	Review and strengthen the clinical and management supervision model with quality checks and feedback.	Q1-4		In progress
	Implement and embed leadership learning and listening visits across all services, ensuring feedback and communication in place	Q1-4		Listening events and local workshops being held in each Place. To continue throughout year.
	Establish quarterly leadership forum to engage, communicate and build relationships	Q1		Action completed- Leadership forum commenced April 2026.
	Support staff through the transition to the East of England Community Health & Care NHS Trust (EEC)	Q1-4		Ongoing support being provided. Anticipated that transition will require longer period of support throughout the year, so timeline extended from Q1-2 to Q1-4.
	To roll out completion of individual objective setting	Q1		Objective setting in progress. Completion rate at 64.29% as at mid July 2026.
We will scope and develop the skills and roles we need for future services in wards and neighbourhoods	Review Medical and Advanced Clinical Practitioner (ACP) leadership in unscheduled and inpatient areas	Q1-3		Review in progress alongside leadership structure.
	Band 6 inpatient development plan	Q1-4		Wound care focussed training completed. Development plan being scoped by Clinical Director.

Norfolk Adults - Valuing our colleagues

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Commitment	Action	Time frame	RAG	Update
We will scope and develop the skills and roles we need for future services in wards and neighbourhoods	Determine future workforce roles needed in neighbourhood care models, e.g. coordinator roles	Q1-3		Workforce and establishment deep dive including sustainable and future proof models. Initial report due to be presented at Norfolk Adults Improvement and Transformation Board in July 2026.
We will scope and develop the skills and roles we need for future services in wards and neighbourhoods	Roll out of theoretical wound care training aligned to national policy, increasing access and availability for staff and introduction of wound competency attainment packs to evidence practical compliance	Q1-3		Training package approved. Change control approved. Roll out of training for completion during June and July. Datix changes to ensure alignment with national policy being implemented beginning of August. Datix alignment of Luton and Norfolk scheduled for October 2026.
	Develop delegated tasks and shared care models	Q1-4		Shared working group between Norfolk County Council (NCC) and EEC continues. Progress delayed due to staff absence. Update due to be presented at the next EEC/ NCC Partnership meeting.
Deliver digital capability and maturity improvements of staff skills and knowledge and improve mobile working tools and processes.	Complete mobile working pilots and evaluation	Q1-3		Pilot 1 ended February 2026 with subsequent evaluation completed. Task and finish groups commenced and preparation for extended pilot progressing. Training commenced for 5 weeks 22nd June for 12 week pilot ending September
We will make improvements to our working spaces and equipment provided for staff	To complete the 5 agreed priority estate plans: Diss, Wymondham, Foxley, Heacham & Red House	Q1-4		Place directors working closely with estates leads to complete works. Estates risks and issues are logged within Datix.
	To explore integrated working and co-location opportunities	Q1-4		Integrated workshops being held in each Place. Co-location opportunities being scoped.

Norfolk Adults - Valuing our colleagues

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Commitment	Action	Time frame	RAG	Update
We will make improvements to our working spaces and equipment provided for staff	Each building will have a named lead	Q1		Action delayed due to prioritising commitments. To commence Q2.
	To provide equipment to support and enable mobile working	Q1-4		50% of community nursing staff have tablet and part of extended mobile working pilot.
	Develop and improve staff rest areas	Q1-4		In progress.

Norfolk Adults - Working in partnerships

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Commitment	Action	Time frame	RAG	Update
We will develop a new model with hospice partners using end-of-life funding (fast track).	Complete end of life care ambitions audit to ascertain priority areas for improvement and development	Q1-2		Audit in progress and on schedule. This will be presented at the Clinical Audit Group and Palliative and End of Life Care Programme Board when complete.
	Continue to work in partnership with Priscilla Bacon Hospice charity (PBHC) to co-develop the offer of enhanced services to palliative patients and service users.	Q1-4		Ongoing partnership working with monthly meetings in place. Further development of services may be delayed due to commissioning and redesign
We will develop a new model with hospice partners using end-of-life funding (fast track).	Co-produce living well day services in partnership with our patients and PBHC, including a redesign of the service offer and joining of day therapy and psychological services.	Q1-4		As above
	Work with Commissioners to develop service specification following publication of commissioning intentions	Q1-2		Commissioners reviewing palliative service offer and commissioning arrangements- Norfolk Adults working closely with them and attending several workshops and open book exercises

Norfolk Adults - Working in partnerships

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Commitment	Action	Time frame	RAG	Update
We will design and develop with our partners across Norfolk and at place our future integrated neighbourhood health service models	To develop neighbourhood based Integrated Neighbourhood teams (INT) ways of working across all Primary Care Networks (PCN) footprints and integrated with Norfolk County Council (NCC) and wider partners. Each place to have established 2 test and learn places during 2026/27	Q1-4		Integrated workshops being held in each Place to identify opportunities of quality improvement and integrated working. Target Integrated Neighbourhood Operating model in draft, due September 2026
	To engage with primary care partners at place in the design of Multi-disciplinary teams (MDT) and INT ways of working and ensure named links to all Primary Care settings	Q1-4		Place board meetings being held. Clinical Directors liaising with primary care Clinical Directors to discuss opportunities and priority areas.
	Work in partnership with Queen Elizabeth Hospital (QEH) regarding delivery of the new Hospital.	Q1-4		West Clinical Director and Director of Place key members of new Hospital Programme.
We will design and develop with our partners across Norfolk and at place our future integrated neighbourhood health service models	To develop integrated coordination roles and functions with NCC and partners to manage high intensity and complexity cohort at neighbourhood; to pilot the role and impact on health demand	Q1-3		NCC have committed to completing patient segmentation analysis aligned to work completed for community nursing service. Norfolk Adults will commence patient segmentation analysis in July for UCR and therapy. This data can then be overlayed and high intensity/ frailty cohorts identified for co-ordination roles to support.

Norfolk Adults - Working in partnerships

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Commitment	Action	Time frame		Update
We will expand and align in all places our unscheduled care services and offers	Enhance Hospital@Home (including virtual wards and urgent community response) with clear system roles and equity of provision	Q1-4		Target model and approaches drafted and presented at various forums. Working groups and task and finish groups being held to progress.
	Develop plan to meet 80% 2hr performance consistently and in all places	Q1-4		May performance at 75.6% although this reduces overnight.
	Lead the development of Hospital@Home model with system partners	Q1-4		Director of Place joint lead for Hospital@Home programme, holding several task and finish groups.
We will develop and produce an integrated intermediate care strategy and implementation plan	Complete intermediate care strategy with NCC	Q1-2		Intermediate Care Strategy in final draft and out for consultation
	Embed and grow the reablement offer to help people regain independence at home.	Q1-4		Reablement service now under Trust leadership and services. Required offer being scoped as part of the intermediate care and hospital@home programmes.
We will develop and produce an integrated intermediate care strategy and implementation plan	Redesign the integrated community offer (CAT) in the Acute Hospital (focus on frailty and patient outcomes)	Q1-2		Scoping and design of required model in progress. Implementation likely to be during Q3/4.

Norfolk Adults - Innovating and transforming our organisation

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Commitment	Action	Time frame	RAG	Update
We will create and implement our consistent Community Nursing and Therapies (CN&T) operating model.	Complete initial transformation diagnostic and case for change	Q1		Completed March to April 2026.
	Identify critical transformation priorities and road map	Q1-2		Q1 focus areas scoped and agreed March and April 2026. Task and finish groups commenced May 2026. Transformation road map completed and approved by Execs June 2026
	Complete Single Point of Contact (SPOC) rapid improvement plan and agree scope of future transformation of front door	Q1-2		Completed April 2026- SPOC performance now stabilised. Front door scoping moved into transformation programme.
	Ensure operating model aligns and integrates with Norfolk County Council (NCC).	Q1-4		Regular meetings held between Deputy Directors of health and social care to ensure alignment. Partnership meeting established. NCC target operating model drafted. Norfolk Adults in draft with wording and vision aligned where possible.
	Develop digital requirements and aligned timeframe to deliver neighbourhood model of care fully digitally enabled	Q1-3		Digital attendance at Improvement and Transformation Board. Regular meetings being held to ensure roadmaps and timeframes are aligned, enabling escalation where required.
	Enable ease of communication and joint working between generalist and specialist teams - streamlining where possible and ensuring a relational working approach	Q1-3		Internal referral process currently under review with full deep dive of all services being completed. Initial focus on tissue viability service and operating model during June and July to move to Place based relational working.

Norfolk Adults - Innovating and transforming our organisation

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Commitment	Action	Time frame	RAG	Update
We will adopt and embed a culture of continuous improvement through Quality Improvement (QI), transformation & learning	Establish Improvement and Transformation Board for Norfolk Adults.	Q1		Completed- Meeting commenced May 2026.
	Each key clinical pathway to have a clear improvement plan for 26/27, reporting into Improvement and Transformation Board.	Q1		Completed- pathway plans will feed into Integrated Neighbourhood Teams (INT) transformation and will evolve throughout year.
We will improve quality and equity of service offer and pathways across all places.	Expand Urgent Community Response (UCR) and virtual ward offer within South and North Norfolk to provide equitable service offer across Norfolk.	Q1-4		Submitted business case- outcome has been delayed.
	Deep-dive/benchmarking against best practice; define roles, safe staffing insights and demand/capacity methods to inform modelling.	Q1-3		In progress
	Work with Queen Elizabeth Hospital (QEH) and ICB to transfer from QEH and develop a Community Dietetics service for West Place, equitable to North, South & Norwich places.	Q1-3		In progress. Initial plan presented at Norfolk Adults Assurance and Improvement Group in June

Norfolk Adults - Innovating and transforming our organisation

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Commitment	Action	Time frame	RAG	Update
We will develop and test digital approaches to clinical management and treatment to improve outcomes	Pilot and evaluate Minuteful for wounds app	Q1-3		Pilot has commenced with 25 users in Norwich and South. Due to end September 2026
We will develop and test digital approaches to clinical management and treatment to improve outcomes	Complete and evaluate 2nd pilot of Brigid mobile app through mobile working project	Q1-3		Pilot 1 ended February 2026 with subsequent evaluation completed. Task and finish groups commenced and preparation for extended pilot progressing. Training commenced for 5 weeks 22nd June for 12 week pilot ending September
We will pilot and implement automation of process, and use of AI in practice to improve outcomes, productivity and access	Deliver 2-3 high-value automations (e.g., referral triage rules, appointment communications, document generation).	Q1-4		Automation opportunities being scoped through Integrated Neighbourhood Teams (INT) transformation.

Our Enabling services

East of England Community Health and Care NHS Trust

- People
- Quality
- Digital and Data
- Estates

Delivering great health and care services in our local communities

People (1)

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Operational enablers	Q1 RAG	C&CS success measure	Progress Update
People promise 1:Compassionate and inclusive			
Embed our new values and ethos into our ways of working and our systems and processes		11	Being embedded across the Trust.
Extend Cultural Ambassadors Programme across the Trust		11	Additional training being secured with the Royal College of Nursing (Developers of the initiative). Individuals being identified to undertake the training.
Roll out inclusive leadership/ leading with cultural intelligence programme		11	Looking to embed into all internal leadership programmes. Roll out programme being developed. Programme of work for 26-28.
Develop workforce inclusion plan		11	Developed by newly formed Workforce Diversity and Inclusion and Staff Survey Group. Agreed at People Participation and Equality Committee. Co-production also planned with staff networks. Board individual inclusion pledges made.
Review and refresh inclusive recruitment processes including rolling out of cultural diversity on all interview panels and sharing of interview questions prior to interview		11	Single systems and processes being pulled together in line with the harmonisation of our recruitment systems. Ongoing activity.
People promise 2: Recognised and rewarded			
Monthly and annual staff awards systems, processes etc in place		11	New monthly and annual staff awards agreed. Harmonised long service award policy approved. First annual staff awards planned for Spring 2027 and long service award celebrations being planned for November 2026.
Deliver the 10-point plan for resident doctors		9	Plan in place and being overseen by our newly formed Local Negotiating Committee (LNC).
Harmonise all employment policies and procedures and ways of working in line with values and priorities of the new organisation		8	Harmonisation of people policies commenced. Anticipated to take up to 12 months to complete.
Updating of Nursing job descriptions in line with new national profiles		8	Programme in place to oversee Nursing Profiles reviews

People (2)

East of England Community Health and Care NHS Trust

Operational enablers	Q1 RAG	C&CS success measure	Progress Update
People promise 3: Voice that counts			
Agree single Freedom to Speak Up approach		12	National framework already in place. New Freedom to Speak Up Guardian appointed. Harmonised Freedom to Speak Up policy agreed.
Continue to support our Staff Networks to thrive		11	Staff networks aligned and in place. Trust wide celebration took place for National Staff Networks day on 13 May 2026.
People promise 4: Safe & Healthy			
New Occupational Health Provider in place for some localities		12	Training for managers in place and human resources leads supporting.
Review and refresh Health and Wellbeing offer, including delivering actions identified within our workforce violence prevention and reduction plan.		12	Ongoing. Health and Wellbeing Festival ran in mid June for 3 weeks Trust wide.
People promise 5: Always Learning			
Agree suite of mandatory training in with national review		9	Plan in place to review and in line with national review of statutory and mandatory training.
Agree delivery mechanisms for mandatory training provision, this is likely to be different for different services i.e.: inpatient v community		9	Plan in place to review and in line with national review of statutory and mandatory training .
Undertake annual training needs analysis and develop a plan for agreeing competency profiles for all clinical and support to clinical roles		8	Training Needs Analysis launched in February 2026, Q1 and Q2 provision reviewed and agreed based on need. Currently moving intermediate care wards to new competency passports. Review of specialist ward competencies to complete by end of November.
Agree new leadership learning and development offer		10	Internal leadership and development offer agreed and currently being developed. Looking to develop new programmes for ward managers; sisters/charge nurses; and different levels of leadership development. Bitesize; master classes and programme offers.
Design and implement new Apprenticeship Model		10	High level apprenticeship pathway mapped. Reviewing backfill arrangements for Norfolk Adults, linked to short/medium workforce plan. Recommendations to be pulled together by September for roll out from 2027.

People (3)

East of England Community Health and Care NHS Trust

Operational enablers	Q1 RAG	C&CS success measure	Progress Update
People promise 6: Working Flexibly			
Integrate Health Roster, Electronic Staff Record (ESR) and Recruitment systems into one		8	Integration & interdependency plans developed. Autumn slot booked for integration of Electronic Staff Record and recruitment systems. Looking to integrate health roster systems February 2027.
Develop and embed Strategic Workforce Planning Model		12	Developing a series of strategic workforce recommendations for Community Nursing and Therapy services for the next 3-5 years as they transition to a Neighbourhood model of care.
Agree People Digital and Data Priorities and develop plan for roll out		12	Develop plan to address digital, data and AI literacy for whole workforce.
People promise 7: We are a team			
Trust wide objectives cascade process in place and completed		11	Objectives were cascaded throughout the Trust within teams and new competency added to ESR to allow monitoring of progress of completion across the Trust. Currently 75% compliance.
Design and implement new Trust wide induction		9	Completed and in place April 2026 and ongoing
Design and embed single Job Evaluation processes		8	In progress
Single Medical Staffing team and support to be delivered inhouse		8	In House team in place from April 2026, training/upskilling ongoing.
Develop single team approach for all people functions		8	Delivery against year 1 plan underway, regularly reviewed at People Leads meeting. Single team approach links to, and is enabled by, the integration of workforce systems.
Identify improvement actions to support the delivery of our Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES)		11	WRES and WDES actions identified (in addition to those already in EEC staff survey action plan). Plan signed off at People Participation and Equalities Committee in July 2026.

Quality (1)

NHS
East of England
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Operational enablers	Q1 RAG	C&CS success measure	Q1 Progress
Alignment of all safeguarding policies across the organisation to ensure the Trust is complying with all statutory requirements		4	Day one policies are aligned and published. Further policy work is being progressed to be fully aligned.
Safeguarding will have a sustainable delivery model across the organisation		4	The teams have now been realigned within the new Trust and a new role created for a named nurse in adult safeguarding.
Safeguarding will have a new on-call process – accessible to all clinicians.		4	The on-call process (during working hours) has now been rolled out across the organisation, a communication plan has been in place, and colleagues have been using the new phone line.
Alignment of data collection and processes across the Trust to ensure uniformity of reporting internally and externally (mandated requirement).		14	A merger plan for datix is in place and incident reporting is being reviewed. Quality dashboards are in development.
Scope trauma informed practices in safeguarding and develop a Trust wide approach.		4	
The Trust has a sustainable plan to ensure it is meeting the Anti-Microbial Resistance (AMR) national requirements.		25	The Trust is using the Anti-Microbial Resistance elements of the Infection Prevention and Control Board Assurance Framework, which we have assessed ourselves against. Additionally, board approved our 3 AMR priorities in April 2026, these priorities have a full action plan behind them to underpin delivery.
The Trust will review and update their processes to ensure patients are waiting well within individual services.		2	The process is being reviewed, this will include an updated policy and reporting requirements. Actions from the recent internal audit on waiting well will be included in this evaluation.
The Trust will have a revised process to review any potential harm to patients waiting for intervention.		2	
Fully implement the Quality Impact Assessment (QIA) process.		21	The QIA policy is in its final stages, following its ratification all the relevant processeswill be updated, and the process will be rolled out.

Quality (2)

NHS
East of England
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Operational enablers	Q1 RAG	C&CS success measure	Progress Update
Monitor the level of harm associated with staff reported violence and aggression incidents across the organisation. Develop plans to reduce harm and ensure staff are fully supported.		12	Monitoring is in place within DATIX, however this needs to be refined. Violence and Aggression reporting will recommence at the revised Health and Safety Meeting on the 30th July. The Violence Prevention Assessment and Action Plan has been updated and is in draft until approved by Staff Side and the Health and Safety meeting. A Violence Prevention Strategy will be developed, and legacy policies will be harmonised.
To develop a Trust wide approach to co-production		21	This plan is in development and will be completed Q2/3.
Ensure patients and carers are a core participant at all relevant committees.		2	Patients and Carers are involved in all the Committees that discuss 'People' such as People Participation and Equalities Committee, our Patient Safety Partners (PSS) are in place and are involved in safety discussions. A plan to improve the level of participation will be included in the development of a Trust wide approach.
Increase the percentage of services which have identified appropriate Patient Reported Outcome Measures (PROMS) for their clinical pathway.		6	Meetings are in place, with a plan to increase the % of PROM identification in 2026-27. A Board level metric will be developed to monitor performance.
Review the function of Advanced Clinical Practice across the organisation and define a model for clinical practice and expertise.		8	This is a continual process, which the teams are working with services to develop.
Develop the role of the Clinical and Professional leaders' Group (CPLG) and communities of practice to be a hub of clinical expertise and innovation		9	The Trust has several communities of practice already in place, the plan is to increase these where there is a need too. The new Clinical and Professional leader's group is now up and running and will be reviewed in 9 month's time.
Design and implement Trust wide single approach to managing incidents and safety		12	This work has commenced, the Trust now has one approach for coroner's court, and one approach to review safety incidents. There is also a unified policy in place for incident management.

Digital and Data (1)

NHS
East of England
Community Health and Care
NHS Trust

Operational enablers	Q1 RAG	C&CS success measure	Progress Update
Work with services to identify and select Federated Data Platform (FDP) and management information solutions that align with our digital strategy and services can build in partnership with Digital.		23	Carnall Farrar (CF) in place as Strategic and Build Partner. 2 Workshops have been held with Directors of Service (1 virtual and 1 F2F) to identify 12month Roadmap (to align with objectives set down by NHS England as part of being a Champion Trust) and to look further for the trusts embedding of FDP into a strategic 5yr roadmap. 2 x Data Engineers have been recruited and 1 Business Analyst. Governance calls weekly, monthly and quarterly are in place with NHS E FDP team. Information Governance is a key area with DPIAs needed for each product - this area is complex and are seeking assistance from internal IG team and NHS FDP team plus CF.
Support development of patient access portals across services		1	Patient Portal with Dynamic Health Self Referral process for all MSK pathways has been live from the 27th April 2026. Currently the self management and self care outcome is currently 30% of self referrals. Draft 5 year Digital Platform Programme (DPP) out with Directors of Service.
Support website design and self- help digital access to improve patient self-care capability e.g.iCaSH,		2	This is an ongoing programme of work to move all websites to Umbraco and follow the skeleton build process. There are only a couple left and these are being programmed in with the services - and are part of the DPP 5 year draft roadmap that has been shared with DPP steering member. Infrastructure upgrade work moving to latest version of Umbraco (v17) underway.
Deliver the enabling digital capability for Ambient Voice Technology(AVT), with the Transformation team leading service-level implementation to improve recording quality and productivity.		12	AVT Evaluation complete and report published. Currently pulling together the AVT Project/Programme for initial delivery for Neurodisability Recovery and Rehab. Working with Heidi on the contract for direct award. Project Manager allocated to project and project milestones and plan are starting to be pulled together working with Heidi.
Create the conditions for Robotic Process Automation (RPA) adoption, working with services to identify opportunities and supporting service-led development and implementation		24	Existing RPA process for Bedfordshire and Luton Community Paediatric team and Dental are being utilised. AI and Automation Centre of Excellence business case for resources was not approved for funding.

Digital and Data (2)

NHS
East of England
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Operational enablers	Q1 RAG	C&CS success measure	Progress Update
Support services to deliver patient communication and self management through NHS App developments		1	Patient Portal with Dynamic Health Self Referral process for all MSK pathways has been live from the 27th April 2026. Currently the self management and self care outcome is currently 30% of self referrals.
Ensure 100% delivery of 'day 1' technology requirements for staff.		12	Day one requirements fulfilled, with the adoption of the national Microsoft 365 tenant. The Registration Authority policy and IT Security policy have been updated to reflect the new Trust. These have been reviewed and signed off.
Enable continuous service productivity/efficiency improvement through providing appropriate technology and app solutions		25	
Transition outsourced IT services in-house to strengthen service performance, improve responsiveness, and ensure greater control over quality and operational delivery.		25	
Enable services to define the technology and Electronic Patient Record requirements that will underpin effective neighbourhood models and support delivery of high-quality patient care		13	Discovery work has been presented to NHSE and sent out to participants who took part so they could see the outcome. Now in discussion with NHSE for phase 2 and securing funding to move this forwards.

Estates

East of England Community Health and Care NHS Trust

Operational enablers	M2 RAG	C&CS success measure	Progress Update
Reduce 'significant/high risk' backlog maintenance by targeting appropriate works		12	Some progress has been made with progress planned for significant increase from Q2 onwards
Implement reporting for Incidents arising from infrastructure failures and develop plan for reduction		12	Increased analysis now in place and plans developed in response to incidents (no recent incidents). The Facilities team as well as the Estates & Facilities Senior Management Team are now carrying out more regular site visits with a view to earlier identification of infrastructure issues before they become failures
Increase focus on planned preventative maintenance (PPM), reducing burden of and reactive maintenance.		12	Currently delivering a ratio of 73:27 (PPM:Reactive) as we progress to 60:40 target. Progress appropriate at this stage
Develop neighbourhood hubs		13	2 potential sites identified (Princess of Wales Hospital, Ely and Dereham Hospital) and shortlisted with support from the ICB and regional team; submitted for national approval and currently awaiting decision.
Maximise use of 'owned' estate with co-location of services where possible and appropriate.		13	Of 8 leases due for review, 2 are overdue and have plans for recovery. 4 lease exists secured to date.
Identify and deliver opportunities for all staff to have 'rest' areas		12	All estate design work includes consideration of staff rest areas whether in respect of location (lease to owned) or development e.g. Woodlands House. In addition, the Facilities Team have been tasked with auditing our rest areas with a view to creating a map for mobile staff to access and see where their nearest rest area is.

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Thank you